

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 125Registered No. 705

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Insp. Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Kimpton Seaman (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Nov-10-1927 Month Day Year8. FATHER Full name George Reginald Seaman 14. MOTHER Full maiden name Grace Estelle Morton9. Residence (Usual place of abode) 361 West Mesquite St. Globe- Ariz. 15. Residence (Usual place of abode) 361 West Mesquite St. Globe- Arizona10. Color or race Cauc. 11. Age at last birthday 43 (Years) 16. Color or race Cauc. 17. Age at last birthday 23 (Years)12. Birthplace (city or place) London (State or country) England 18. Birthplace (city or place) Mobile (State or country) Ala.13. Occupation Machinist Nature of industry Mining 19. Occupation _____ Nature of industry Housewife20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. m. on the date above stated (Born alive or stillborn.)Signature Cyril M. Brown M.D. Physician (Physician or midwife.)Given name added from _____ Address Miami, Arizona

a supplemental report _____ Month, day, year _____

Filed Nov 20, 27 C. E. Orrin Registrar

Registrar

Registrar

825-1110-745